OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSI	Preapplic		3. DATE RECEIVED BY STATE		State Application Identifier		
Construction	Construction		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construct 5. APPLICANT INFORMA		Construction					
Legal Name:				Organizational Unit:			
Address (give city, county, state, and zip code):				Name and telephone number of the person to be contacted on matters involving this application (give area code)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):				7. TYPE OF APPLI	7. TYPE OF APPLICANT: (enter appropriate letter in box)		
				A. State	H. Independent School	ol Dist.	
				B. County I. State Controlled Institution of C. Municipal J. Private University		itution of Higher Learning	
8. TYPE OF APPLICATION:				D. Township			
☐ New ☐ Continuation ☐ Revision				E. Interstate L. Individual			
If Revision, enter appropriate letter(s) in box(es):				•	F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):		
A. Increase Award		• •	C. Increase Duration	G. Special Dist	G. Special district N. Other (Specify).		
				9. NAME OF FEDERAL AGENCY:			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				11. DESCRIPTIVE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE:							
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):							
13. PROPOSED PROJE	-CT-	14. CONGRESS	SIONAL DISTRICTS OF:				
Start Date	Ending Date	a. Applicant			b. Project		
	Ü				ŕ		
15. ESTIMATED FUNDI	NG:		16. IS APPLICAT	ION SUBJECT TO REV	: IEW BY STATE EXECUTIVE ORDER 1	2372 PROCESS?	
· · · · · · · · · · ·				S PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE ATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$).	00 DA	DATE			
c. State	\$	\$.00		b NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$.00		00			FOR REVIEW	
e. Other	\$.00		00				
f. Program Income	gram Income \$.00 17.			7. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$.00)00 Yes	If "Yes," attach an explanation.			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED							
a. Typed Name of Authorized Representative				b. Title		c. Telephone number	
d. Signature of Authorized Representative e. Date Signed							